Correspondence

The Cost of Continuing Medical Education

To THE EDITOR: In this era of required continuing medical education for physicians, continuing medical education has become big business. I believe no one would criticize continuing medical education for physicians. However, the avarice evident in the high cost of continuing medical education is unfortunate for those physicians whose gross income does not make tax deduction attractive. It is particularly disheartening that many of the exceptionally expensive postgraduate courses are sponsored by medical schools. Perhaps lower tuitions could be charged for physicians on fixed incomes.

ED SARGENT, MD
Student Health Center
Oregon State University
Corvallis, Oregon

Computers in Our Future

To THE EDITOR: It is good to report that for those physicians and their spouses who attended the 1978 annual meeting of the Idaho Medical Association in Sun Valley, many fears and frustrations about the use of computers in medical practice have been dispelled, or at least lessened. The entire scientific program of the meeting was devoted to computers, and a team of physicians and technologists from the University of Wisconsin and Harvard put on a dazzling show, including on-the-spot demonstrations with an elaborate array of electronic equipment. As the professors spoke, the equipment bleeped and green and black electronic faces blinked. We physicians who came expecting to be bored, stayed on to listen and to learn, and to have many of our misconceptions swept away.

We were told that owing to the constant improvement in equipment, and with increasing experience, the errors computers make are being reduced to a bare minimum. In computerese, the "hardware" now available is of top quality and the "software" is dependable and adaptable. Upkeep is becoming less and less of a problem. As the volume of computerization increases, service is of higher quality and more generally available. It naturally follows that the cost of equipment will drop.

Several confusing technical details remain: We find that computers speak different languages. Will a universal language be adopted so that information can be instantly transmitted from, say, Boston to Los Angeles? Also, the concern about confidentiality lingers. Will stenographers on their coffee break be able to punch buttons to find out what patient has what disease? We were assured that information can be locked in, available only to authorized persons.

Up until now, when we were faced with a difficult diagnosis or a judgment call on the most appropriate form of treatment, we would "hit the books." It is now possible simply to "punch the buttons," and the machine will spew out the differential diagnosis or give the proper forms of treatment, in their order of preference.

Perhaps the most surprising (and disturbing) discovery was that a computer can take a better history than we physicians can. We must admit, if we reflect upon it, that patients often respond to our questions with less than total candor, or with answers they assume we want to hear. On the other hand, patients giving their history to a "box" that they themselves can manipulate, are found to be completely open and honest. Indeed, they seem to forget they are responding to a machine, and enter into a one-on-one conversation with the computer.

Finally, it was reassuring to be told, repeatedly, that the black boxes pose no threat to the white-coated doctor. Computers may be the almost perfect history taking machines, with an enormous capacity for digesting and storing data. They may, through their speed and accuracy, lighten our load in the office and at the hospital—even in the home. But even the most enthusiastic computer specialist quickly concedes that no machine can show concern, manifest love, radiate inner warmth or lay a gentle hand on a shoulder.

Let's face it, there are computers in our future.